



CITY OF RIVERSIDE
FINANCE/PURCHASING DIVISION
3900 Main Street, Riverside, CA 92522
TEL: (909) 826-5561 FAX: (909) 826-5878

SUPPLIERS APPLICATION

Date of Application _____

“ Initial Application * “ Minority Owned
“ Revision/Update * “ Women Owned

Company Name _____

Address to which quote/bid forms are to be mailed: _____

Address to which Purchase Orders are to be mailed	How long in present business
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Type of Organization (Check one) “ Sole Proprietorship “ Partnership “ Corporation - Indicate Which State	Federal ID/Social Security Number
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Name of Officers, Members of Concern, Partnership, etc.

(a) _____

(b) _____

(c) _____

Persons authorized to sign bids and contracts in your name (If agent, so specify)

Name	Official Capacity	Telephone No.	Fax No.
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E-mail Address	Web Site Address	
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Indicate types of services or products you would be providing the City (Attachments are not sufficient information)

Failure to complete this section will result in **NO ACTION**.

Category (Check below the category which applies) “ (a) Manufacturer/Producer (Agent) “ (d) Distributor “ (b) Wholesaler “ (e) Service Establishment “ (c) Retailer “ (f) Construction	Manufacturing location	Storage Location

Other Public Agencies with whom you do business (i.e. City, County, School District)

Agency Name	Person To Contact	Telephone Number
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TO BE COMPLETED BY CONSTRUCTION CONTRACTOR ONLY:

License type **A@AB@AC@** California License No.: _____ Expiration

Date: _____

If **A@** License, Specify Specialty No.: _____

Any supplier/contractor who performs work or makes deliveries within the City is required to have a current City of Riverside Business Tax Certificate on file with the City's business tax section.

I certify that the information supplied herein (including all attachments) is correct and that neither the applicant nor any person (or concern), nor principal or officer, so far as is known, is not debarred or otherwise declared ineligible by any public agency from quoting or furnishing materials, supplies or services to any agency thereof.

Signature of person authorized to sign this application _____

(PLEASE TYPE/PRINT) Name and Title of person signing _____

*If M/WBE Applicant certifies that the ownership and management of the business is 51% ownership or more.

Form No. 1234.004
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